## PART B - FEE(S) TRANSMITTAL

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(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/814 635	04/01/2004	Peter Loshrock	32368-202378	7567	

TITLE OF INVENTION: APPARATUS AT A SPINNING PREPARATION MACHINE FOR DETECTING WASTE SEPARATED OUT FROM FIBRE MATERIAL

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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	CATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2006	
EXAMINER ART UNIT			CLASS-SUBCLASS				
RODRIGUE	Z, JOSEPH C	3653	209-643000				
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind	lication (or "Fee Address 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Trutzschl	less an assignee is ident h in 37 CFR 3.11. Comp GNEE er GmbH & Co.	ified below, no assignee oletion of this form is NO	Monchengladba	•	1489.88 DA 300.88 DA		
	are submitted:  No small entity discount p	permitted)		se first reapply any prev d. Form PTO-2038 is atta authorized to charge the s sit Account Number 22—	ched.	•	
	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no long d from anyone other than the Office.	ger claiming SMALL ENT the applicant; a registered a			
Authorized Signature	ν	Schwar		Date Decembe	<u>-</u>		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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V - 404 2005 (U.B. 4948)				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num	nber	10/814,635			
FEE TRANSMITTAL For FY 2006			Filing Date		April 1, 2004			
			First Named Inv	entor	Peter Losbrock	<		
			Examiner Name		Joseph C. Roo	Iriguez		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3653		
TOTAL AMOUNT OF PAYMEN	NT .	(\$) 1700.00		Attomey Docket	No.	32368-202378		
METHOD OF PAYMENT (c	heck all t	that apply)			-			· · · · · · · · · · · · · · · · · · ·
Check Credit Card	1	Money Order	No	ne Other (	please ider	ntify):		
X Deposit Account Deposit Ac						Venable LLI	Ρ	
For the above-identified	deposit	account, the D	irector is	hereby authorize	ed to: (che	ck all that apply)		
x Charge fee(s) indi	cated be	elow		Charge	e fee(s) in	dicated below, ex	ccept for t	he filing fee
Charge any addition fee(s) under 37 C			ment of	x Credit	any overp	payments		
FEE CALCULATION (All th	e fees	below are du	ie nbo	n filing or may	be subj	ect to a surcha	arge.)	
1. BASIC FILING, SEARCH, AI	ID EXA	MINATION FEE	S		·			٠٠.
·	FILIN	IG FEES	SE	ARCH FEES	EXAMI	NATION FEES		•
Application Type F	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
	300	150	500	250	200	100		
	200	100	100	50	130	65		
1	200	100	300	150	160	80		
	300	150	500	250	600	300		
	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including I							50	25
Each independent claim over 3	(includii	ng Reissues)					200	100
Multiple dependent claims							360	180
Total Claims Extra Clair		Fee (\$)	Fee I	Paid (\$)	_	lultiple Depende		
- 20 = HP = highest number of total claims p	X	reater than 20			<u>F</u>	ee (\$) <u> </u>	ee Paid (	घ
Indep. Claims Extra Clair	_	Fee (\$)	Fee I	Paid (\$)			_	_
-3 =	x -	= _		(+)				
HP = highest number of independent	laims paid	for, if greater than	1 3.					
3. APPLICATION SIZE FEE								
If the specification and drawin listings under 37 CFR 1.52 sheets or fraction thereof.	(e)), the	application siz	e fee du	e is \$250 (\$125 f				0
	Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)
- 100 =		/50		(round up to a who	le number)	x	=	
4. OTHER FEE(S)			ity dia -	ount)			Fees	Paid (\$)
Non-English Specification,		•	-	ublication Fee			\$1700.	
Other (e.g., late filing surcha	18c):	issue ret	ailu P	unication ree			<u>Ψ1700.</u>	<u> </u>
SUBMITTED BY		1 1		Contained - Ata				
Signature	10	Schwa	4	Registration No. (Attorney/Agent)	47,070	Telephone	(202) 34	4-8009
Name (Print/Type) Steven J. Sch			 			Date 12/5	1/200	6

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